

# INFORMATION

## Los Angeles Venereal Disease Survey

*[The following is taken from a report by the Department of Health, City of Los Angeles]*

During the month of October, 1947, Dr. Walter Clarke, clinical professor, School of Public Health, Harvard University, and his assistants, conducted an extensive and comprehensive survey on the problem of venereal disease control in the Los Angeles area. On March 16, 1948, at the annual luncheon meeting of the Los Angeles County Venereal Disease Council, Dr. Clarke presented the report of his findings, together with his recommendations. The following are a few of the findings and suggestions of his group.

"In two years, 1944-46, syphilis stood first and gonorrhea second among communicable diseases reported, with a two year total of 35,828 cases. In spite of our vastly improved methods of treatment, deaths due to syphilis are still numerous. In Los Angeles City only tuberculosis and pneumonia among communicable diseases cause more deaths than syphilis.

"The Health Department needs expanded services, particularly laboratory facilities and personnel, to permit it to give the assistance which private physicians and industries could use to find more and more hidden cases of syphilis, many of them in people who do not know they are infected. The Health Department needs more help from the hospitals and private physicians in fighting the venereal diseases.

"More hospitals should conduct low-fee clinics, including night sessions, for employed but medically indigent patients. Too many hospitals now fail to perform routine serological tests on all bed patients, a procedure recognized as necessary in good hospital practice. Most hospitals do not attempt to obtain from syphilis patients information which would help to find sources of infection and many do not exert themselves to bring patients back for check-up examinations after treatment.

"We suggest that a mechanism should be set up to facilitate understanding and cooperation between the County Medical Society and the official and voluntary health agencies of the area. A permanent committee on public health relations with subcommittees on venereal diseases, tuberculosis, maternity and child health and other special fields, could, with advantage, be established by the County Society. An amendment to the Medical Practice Act is proposed to prohibit all advertising by licensed physicians. An amendment to the Public Health Act is proposed to prohibit anyone not a licensed physician from diagnosing or treating any venereal disease.

"We suggest the establishment of a psychiatric service associated with the Los Angeles City Health

Department, the courts, and the jail, to do what can be done to find and re-direct those sex offenders who are not already so hardened in their habits as to be beyond salvage. Every prisoner detained in jail for 48 hours or longer should be examined for all communicable diseases including syphilis and gonorrhea.

"The Venereal Disease Council may formulate a three-year plan and work to secure within that period the major improvements suggested in this study, such as institution of personal and family-life education in the schools, a woman's court, a psychiatric service for sex offenders, legislation to prohibit medical advertising, and to restrict diagnosis and treatment of venereal diseases to physicians only. The Council will need the help of all public-spirited citizens in achieving its objectives, and fortunately can count on hearty cooperation of official agencies."

### MENE, MENE . . .

The current dispute between the United Automobile Workers and General Motors promises to have a far reaching effect upon the future of prepaid medical care plans. The dispute involves, among other things, the question of whether or not group insurance plans come under union bargaining rights.

The union and the national Labor Relations Board think they do. General Motors thinks they don't and the question has been appealed to the courts.

There are precedents to indicate that the court will probably decide in favor of the union and the N.L.R.B. If it does, every union in the land will demand immediate negotiations with management for employee benefits—including medical care protection.

There are certain obvious developments to be expected if group insurance is certified as a union bargaining item:

1. Pension plans, group life, disability and medical care plans will become subject to union approval or veto. Management will no longer have sole authority on selection.

2. Employer acceptance of the employee benefit as an industrial relations principle will be forced by law.

3. Standards of coverage, rate, etc., will tend to fall into a pattern dictated by union specifications.

In these circumstances it is only realistic to review what Labor thinks about medical care protection—what it considers desirable and how it should be applied. To learn what California Labor thinks about the subject, the California Physicians' Service set up a department of labor relations in 1946.

Since then the department has built up a fund of information that is definitive within the boundaries of the State of California, and at least significant nationally. The basic points of California Labor's thinking on prepaid medicine are these:

1. Medical care protection should be of the "service" type. Labor is suspicious of the indemnity because it does not actually budget medical expenses and does not protect the worker against possible additional charges.

2. The protection should be complete and cover all of the worker's actual dependents.

3. Income ceilings should be raised or abolished—preferably the latter. Governed by a one scale craft wage, Labor can see nothing but a get-rich-quick philosophy in the variable medical fee, based upon income.

4. Employers should pay a portion of the cost of medical care protection.

5. An adequate program can be provided only by Government—no private plan could underwrite it without Government assistance.

6. Pending governmental action to provide it, the best of the private plans should be endorsed and supported.

7. Medical care is not solely the doctor's problem. The patient and the nation are also concerned, and deeply concerned, with it.

The probable court action in the U.A.W.-General Motors case will lift these points of belief from the academic to the active level. What will be the prob-

able effect? There is small doubt that urban physicians will find more and more of their patients covered by some form of so-called "health insurance." For the most part the protection will be of the service type, with a scheduled fee for specific services. Doctors who will not accept such protected patients will lose business. Rural practitioners will be similarly affected but not to the same degree immediately.

If the court decides that group medical care protection is a proper subject for collective bargaining, employers will not only have to bargain over the selection of a plan but also over the union's *demand* for a medical care or insurance program. The employer will no longer be able to refuse to discuss the matter on the ground that such a program is solely a matter for management decision. Most employers can be expected to yield to union pressure on the subject, for two reasons. First, a refusal would be costly. Second, acceptance of the union's selected plan will give a strategic advantage to the employer should the plan flop.

The plans themselves, already in a sharply competitive position one to the other, will find themselves bucking union specifications as well. This additional hurdle will kill some and force the rest to new highs of administrative efficiency. For union specifications will certainly demand the broadest benefits at the lowest possible rates.

Veritably, all concerned with medical care, including those who use it, are in for an interesting experience—and it may begin very soon.

